State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
APR 02 2018
BY 284

Annual Report for the year: 2018
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation			
120246	Waltham Insurance Center, Inc			
3. Principal Office Address		City	State	Zip
230 Second Ave		Waltham	Mass	02451
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
524113	Insurance Property, Casualty			
5. State of Incorporation				
Mass				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
William T. Rynne	
Street Address	Street Address
25 Washington Drive	
City / State / Zip	City / State / Zip
Sudbury / Mass / 01776	
Secretary Name	**Treasurer Name**
William T Rynne	William T. Rynne
Street Address	Street Address
25 Washington Drive	25 Washington Drive
City / State / Zip	City / State / Zip
Sudbury / Mass / 01776	Sudbury / Mass / 01776

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
William T. Rynne	Roland J Capone
Street Address	Street Address
25 Washington	143 Peakham Road
City / State / Zip	City / State / Zip
Sudbury / Mass / 01776	Sudbury / Mass / 01776
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	1,000	npv	

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Representative	Date
Colleen Fernandes	3/1/18
Signature of Authorized Representative: Colleen Fernandes — SIGN DOCUMENT HERE	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 02/2017